

LEGAL AID APPLICATION FORM

This form should be completed by the Applicant. In most cases the Applicant will be the person who needs the legal advice. The Applicant should read the guidance notes available from the Legal Aid office before completing this form.

Making an Application for a Child:

If you are the parent of a child under the age of 18 who requires Legal Aid and who is still financially dependent upon you, and if the child lives with you then you are the Applicant for the purposes of this form.

You will not be eligible for Legal Aid if you have access to legal advice through a Trade or other union, contract of employment, or if you are covered for legal fees under any policy of insurance including your motor or household insurance (You should check this before you apply for Legal Aid).

Please answer every question on this form which applies to you and please complete it in BLOCK CAPITALS. You must present the application for Legal Aid to the Legal Aid Office by delivering the same to:

The Legal Aid Office
5 Britannia Place
Bath Street
St Helier
Jersey
JE2 4SU
E-mail: email@legalaid.je
Telephone: 0845 800 1066

Your application will be assessed on the basis of your household capital and income. Any Legal Aid certificate issued will be issued to you and you will become responsible for legal fees if these are chargeable in accordance with the Legal Aid Guidelines.

Section 1: Personal Details

Part A – This part is to be completed by the Applicant

Your Surname

Your First Names
(please include all)

Your Maiden Name (or any other surname
by which you have been known)

Your Title (please circle): Miss/Ms/Mrs/Mr

Your Date of Birth/...../..... Your Age:

Your Place of Birth

Do You live in Jersey [] Yes - Date of Arrival
[] No

Your Address

.....

.....

Postcode

NB – Is it safe to write to that address? [] Yes [] No*

*If not: Safe Address for Correspondence

.....

.....

Postcode

Your Mobile Telephone Number

Your Work Telephone Number

Your Home Telephone Number

NB – Is it safe to call you on those numbers? [] Yes [] No

Your email address
(this must be one that you regularly check)

Your Job

The Name and Address of Your Employer

.....

.....

Your Marital Status [] Married
[] Co-habiting
[] Separated or Divorced
[] Single

If this is a matrimonial application, please
confirm how long you have been married

If this is a matrimonial application and you are
now separated, please confirm how long you
have been separated for

Name of current co-habitee or spouse
(that is the person currently living with you)

Full name and maiden name (if applicable)
of ex-partner to which application refers
if matrimonial

NB – Throughout the remainder of this form your current spouse or co-habitee
will be referred to as your “Partner”. You do not need to provide details of an ex-
partner or ex-husband who no longer live with you)

Your current Partner’s Job

The Name of Their Employer

Number and age of children in your
household

.....

.....

Children's jobs (if they have one)
.....

Do you have any other Dependents in your household?
(i.e. anyone who lives with you and relies on you financially)
[] Yes [] No

If "Yes" Please give brief details of who they are and why they are dependent on you:
.....
.....

Part B – Minor Applicants

You must fill in this part of the form if you are making the application for the benefit of a child under the age of 18 who lives with you and is still financially dependant upon you. That child is referred to in this form as "the Minor Applicant".

Applicants under 18 who are in custody at the time of the application, or who are married or financially independent, or applicants who are under the care of the Education Committee need only fill in Part A above.

The Parent with whom the Minor Applicant lives (or their guardian) should complete this form as the Applicant and must normally attend the Legal Aid office with the Minor Applicant to make the application for Legal Aid.

Minor Applicant's Name

Date of Birth/...../..... Age.....

Minor Applicant's Home Telephone number

Mobile
(If different to the applicant's)

What do you believe your home to be worth? £.....
(Current market value)

Please provide a brief description of the property (e.g. location, flat or house, number of bedrooms etc):

.....
.....
.....

Do you have a mortgage? [] Yes [] No

How much is outstanding on that mortgage? £.....

Non-Residence

Do you own or have an interest in any properties, land or buildings (including timeshares) elsewhere: [] Yes* [] No

*If the answer is yes, you must list all of these properties and answer the following questions:

Please give full details of the land or buildings (including the full address, flat or house, number of bedrooms etc):

.....
.....
.....
.....

Are these properties, land or buildings (including timeshares) elsewhere in

- (a) [] Joint Names
- (b) [] Your Sole Name
- (c) [] Your Partner's Sole Name
- (d) [] Other

If (a) please confirm the full name of the person(s) who shares ownership of your property; if (c) or (d) give a brief description of the circumstances:

.....
.....

What do you believe your property to be worth? £.....
(Current market value)

Do you have a mortgage? [] Yes [] No

How much is outstanding on that mortgage? £.....

PART B Cash, Savings, Investments and other assets

How much money do you have (total) in your bank, building society or Post Office or in any other accounts? £.....

Is this money in [] Joint names [] Your Sole name
[] Your partner's name

Do you have any cash over £300? £.....

If you are holding any of these funds (in cash or accounts) on behalf of someone else please give details:

.....
.....
.....

If you/your partner have any of the following, please insert their value:

- i. premium bonds £.....
- ii. investments, stocks and shares £.....
- iii. valuable items (this does not include your normal household contents or car but will include boats, paintings, antiques etc) £.....
- iv. money owed to you £.....
- v. money due from an estate or trust fund (e.g. an inheritance) £.....

Do you/your partner own your own business?

If so, please state the name and nature of the business:

.....
.....
.....
.....

Can any money be borrowed against your/your partner's business interests? If so, how much?

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.....
.....

Are you/your partner a beneficiary or potential beneficiary of a discretionary or other type of trust? If so, give brief details including the value of the trust fund if this is known to you:

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.....
.....

PART C

Does the information given under Part B Above include any of the following? If it does, please state the relevant amount:

Money loaned to you by the Parish or States of Jersey £.....

Lump sums paid for invalidity benefit £.....

Clothes, tools or trade equipment £.....

Savings which you have put to one side to pay a specific debt or obligation. Give details (eg "for tax") and state the amount:

.....
.....
.....

Sums received in connection with a personal injury claim £.....
(You may be asked for further details about this)

If any of the assets listed in your replies to Part B are the specific subject matter of your application for Legal Aid please say so, giving a brief explanation:

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.....
.....

Section 3 – the Applicant’s Gross Household Income

This Section must be completed by the Applicant.

You should complete this section to the best of your knowledge, information and belief. If you fail to do so, this could lead to your Legal Aid certificate being withdrawn and you may also be asked to pay the full fees of the Advocate or Solicitor who was appointed to act for you.

Where you give approximate figures please state that they are approximate.

Your Gross Household Income includes the personal gross income of your Partner (as well as your own) and you must include their gross income when completing this form unless (a) you live apart because your relationship is over, or (b) you are separated and this is the reason for your Legal Aid application.

Gross Income means your income before any deductions are made for tax or social security. You must declare the income received into your household from any source.

Part A – Earned Income (i.e. income from work)

What do you earn per year? £.....

What does your Partner earn per year? £.....

If your (or your partner’s) earned income fluctuates considerably each week or each month state what you earned during the whole of last year as entered on your tax return, provided that this is a fair indication of your likely earnings this year.

Approximately how much do you earn in tips, gratuities each year £.....

Do you or your partner receive an annual bonus? If so: When did you/your partner last receive a bonus from your employer and how much was it?

Self:

Partner:

Date:

Date.....

Amount: £

Amount: £.....

If you are/your partner is unlikely to receive another bonus within the next 12 months (or the amount is likely to be very different) please state why:

.....
.....

Part B – Unearned Income

Do you or your partner receive sickness or long term incapacity benefit?

[] Yes [] No

Who is it paid to? [] Me [] My Partner

[] Both of Us

Please state the amount received

By You £..... Per week/Per month

By Your Partner £..... Per Week/Per month

Do you or your partner receive Income Support?

[] Yes [] No

Who is it paid to? [] Me [] My Partner

[] Both of Us

Please state the amount received

By You £.....Per Week/Per month

By Your Partner £.....Per Week/Per Month

Do you receive any other benefits? If so please give a brief description and state the amount being paid

.....
.....

IMPORTANT: Please confirm the sum total of benefits received per month by your household (including any sums for rental paid directly to the Housing Department from the Social Security Department on your behalf):

.....

Do you or your partner receive child or spousal maintenance from a former husband or partner?

[] Yes [] No

How much do you receive? £.....Per Week/Per Month

Do you or your partner have an income from a pension?

[] Yes [] No

Please state the amount received

By You £.....Per Week/Per Month

By Your Partner £.....Per Week/Per Month

Do you or your partner have any income from any other source? This would include income from tenants, lodgers, children (if they pay board), interest from savings or other investments. If so, please give brief details including the amount received:

.....

.....

.....

Could this new matter put you in **breach** of anything, i.e. Probation, Community Service Order or Binding Over Order? **(You must answer this question 'yes' and detail or 'no' or 'N/A' or the forms will be returned to you)**

Please circle relevant answers: YES: Breach of Binding Over Order/Breach of Probation/Breach of Community Service Order/ Breach of Young Offenders Licence/Other

NO

N/A

Do you have any previous convictions? If 'yes', please give brief details and dates:

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Section 5

The purpose of the Law Society of Jersey collecting and processing the personal data which you have provided on this form is to facilitate the provision of legal aid.

Specifically, we will use this personal data in the following ways:

- In processing your application for Legal Aid, deciding whether you are eligible for legal aid and whether you are required to make a contribution towards the costs of your legal representation or other legal services.
- In producing statistics and information on our processes to enable us to improve our processes and to assist us in carrying out our functions and to fulfil any reporting obligations (statutory or otherwise) arising from the administration of the Legal Aid Scheme.

Were the Law Society of Jersey unable to collect this personal information, we would not be able to conduct the above activities, which would prevent us from being able to facilitate the provision of legal aid.

The Law Society of Jersey administers the Legal Aid Scheme on behalf of members of the Law Society who are obliged to provide legal aid services to those who fulfil the eligibility criteria.

More details can be found in the Legal Aid Privacy Policy on the legal aid website: www.legalaid.je

Section 6

By signing and submitting this form you are confirming that the contents of it are true to the best of your information, knowledge and belief and you consent to processing of your personal information as set out at Section 5 above.

The Legal Aid Office, Bâtonnier or the lawyer appointed to act for you may ask you to disclose further information or evidence to shown that the information is correct.

Should your financial circumstances change you must notify the lawyer appointed to act for you immediately.

I DECLARE THAT THE INFORMATION GIVEN IN THIS APPLICATION FORM IS TRUE.

I DECLARE THAT I DO NOT HAVE ACCESS TO LEGAL ADVICE THROUGH A TRADE OR OTHER UNION OR CONTRACT OF EMPLOYMENT, AND I AM NOT COVERED FOR LEGAL FEES UNDER ANY POLICY OF INSURANCE (INCLUDING MY MOTOR AND HOUSEHOLD INSURANCE)

Signed by the Applicant:

.....
Signature

.....
Print Name

.....
Date

**LEGAL AID APPLICATION
FINAL CHECK LIST:**

In order to apply for Legal Aid, you must provide the following, please tick to confirm enclosed or the forms may be returned to you for completion:

Fully completed application forms - no questions should be left blank or your forms may be returned to you for proper completion - please check you have answered the 'breach' question in Section 4 'yes' or 'no' accordingly and that you have detailed a full description of why you need Legal Aid and what the matter is regarding.

Fully completed conflict check sheet - detailing full names (including middle and maiden names) of any other parties involved in your application.

Charge sheet (if applicable - (please note if you have lost your charge sheet you must visit the relevant Parish/Town Hall with a form of ID to collect a further copy of your charge sheet before applying for Legal Aid)

Any other relevant papers which would assist us in reviewing your application (such as letters from the other party's lawyer, proceedings papers issued to which your application refers etc)

LEGAL AID CONFLICT CHECK

Further information may be required.

Applicant Name	
If your application is in connection with a criminal matter, Please provide the following information	
Court Date	
Names of others charged with you (Co-Accused)	
Names of Victim(s)	
If your application is in connection with a family or matrimonial matter, please provide the following information	
Name of your husband/wife	
Name of any other person involved	
If your application is in connection with any other matter, please provide the following information	
Name of any other person/company/business involved	